



29th Annual APC Adoption Conference
November 22, 2009 **8:00 a.m.-5:00 p.m.**
St. Francis College *(Note change in venue)*
 180 Remsen Street, Brooklyn, NY 11201

Workshop Proposal (Please print or type)

NAME (as it will appear in our program) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

CREDENTIALS (affiliations/agency, degrees, adoption experience) _____

THIS PROPOSAL IS FOR WHICH KIND OF WORKSHOP?

_____ Presentation with Q&A _____ Facilitated Group Discussion _____ Panel Discussion*

WORKSHOP TITLE _____

Description of Workshop: Please describe, in 50 words or less, specifically what your workshop will cover.

Please indicate what audio/visual equipment you will need for your workshop.

This workshop will be most appropriate for participants who are: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Thinking about adoption | <input type="checkbox"/> Involved in domestic adoption |
| <input type="checkbox"/> In the process of adopting | <input type="checkbox"/> Involved in international adoption |
| <input type="checkbox"/> Adoptive parents | <input type="checkbox"/> Other _____ |

If you offer international adoption services please indicate the name of the country(s) in which you are doing business, also indicate specifically whether you are accredited (by the country and/or Hague) _____

*If you intend to moderate a panel, note that you are responsible for identifying the panel speakers. If you have identified panelists already, please list their names below.

NAME	CREDENTIALS	ADDRESS/PHONE/EMAIL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mail proposals by **June 15, 2009** to:
APC Conference – Programming
 Email Michele:
micheleAPC@optonline.net